			Ap	Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/9-2869													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									mmy ′	OR	OTHER SMALL E		
TOTAL CLAIMS			9				F	TATE	FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 0		,	(\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		./ 2			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							T.	135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL		
If the difference in column 1 is less than zero, enter 1 in column 2 TOTAL OR TOTAL OTHER THAN												THAN	
111	//(2/0) (Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL		
AMENDMENT'A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	RESI REA OUSLY FOR	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total •	13	Minus	7	20	=	:	X\$ 9=		OR	X\$18=		
NE.	Independent	· (G)	Minus	•••	0	·Q1	Г	X40=		OR	700 X80=	400	ğ
2	FIRST PRESEN	ITATION OF MI	ULTIPLE DE	PENDEN	T CLAIM	لللب	T.	135=		OR	+270=		
							L	YOTAL		OR	TOTAL ADDIT, FEE	400	₹
	(Column 1) (Column 2) (Column 3)						AD	DIT. FEE		J	ADUIT. PEE		1 🖳
B TN		CLAMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Best Available Copy
MENDMENT	Total	•	Minus		•	•		X\$ 9=		OR	X\$18=		0
	Independent	•	Minus	•••		=		X40=		OR	X80=	·	12
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.	+135=		OR	+270=		1
•								TOTAL		OR	TOTAL ADDIT, FEE		1
		(Column 1)		(Col	umn 2)	(Column 3)	~	DII. FEE					
MIC		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	MBER MOUSLY D FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	•••		=		X40≖		OR	Voc		1
K	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 .			1
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+135= TOTAL	-	OR	TOTAL	 	4
:	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												-
1	The "Highest Numi	ber Previously Pa	ald For (Total	or Indepe	ncient) is th	e highest numbe	er town	d in the a	ppropriate b	ox in c	ownn 1.		1

FORM PTO-876 (Rev. 8/00)